

BIRTH NO. REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 29

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| 1. PLACE OF DEATH a. COUNTY <u>Pike</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pike</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Louisiana</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Louisiana</u> | |
| c. LENGTH OF STAY (in this place) <u>19 months</u> | | d. STREET ADDRESS (If rural, give location) <u>121 South D. Street</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>121 South D. Street</u> | | e. STREET ADDRESS <u>121 South D. Street</u> | |

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|----------------------------------------------------------------------------------------------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u> b. (Middle) <u>WILLIAM</u> c. (Last) <u>STONE</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 10, 1950</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>Aug. 28, 1876</u> |
| 9. AGE (In years last birthday) <u>73</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Aluminum Worker</u> | 11. BIRTHPLACE (State or foreign country) <u>Lawrence, Kansas</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Aluminum Worker</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u> | |

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|--------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|---------------------------------------------------------------------------------|
| 13a. FATHER'S NAME <u>Samuel J. Odell</u> | 13b. MOTHER'S MAIDEN NAME <u>Ida Luella Odell</u> | 14. NAME OF HUSBAND OR WIFE <u>Minnie Stone</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | 16. SOCIAL SECURITY NO. <u>329-10-3967</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ed. Richards, Louisiana, Missouri</u> |

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|------------------------------------------------|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <u>/</u> DUE TO (c) <u>/</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4201 | | INTERVAL BETWEEN ONSET AND DEATH <u>36 hrs</u> |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
| 22. I hereby certify that I attended the deceased from <u>July, 1946</u> , to <u>March 10, 1950</u> , that I last saw the deceased alive on <u>March 10, 1950</u> , and that death occurred at <u>11:30 P.m.</u> , from the causes and on the date stated above. | | |
| 23a. SIGNATURE <u>E. B. Blyden</u> (Degree or title) | 23b. ADDRESS <u>Louisiana</u> | 23c. DATE SIGNED <u>March 11/50</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 24b. DATE <u>3/12/50</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olive, Illinois</u> |
| DATE REC'D BY LOCAL REG. <u>March 14/1950</u> | REGISTRAR'S SIGNATURE <u>Bernice Collier</u> 374 | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Sterne Funeral Home--Louisiana, Mo.</u> |

APR 4 1959

RECEIVED

MAR 15

District Health Officer No.

District File Number 350

Date Filed MAR 15

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed

J. B. Sterne

Licensed Embalmer No. 4039

P. O. Address Louisiana, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.